



Belcamp Recreation Council

Fall Soccer 2016



The Belcamp Recreation Council is looking forward to another successful and fun soccer season. As always, we are in need of coaches, assistants, and field maintenance volunteers. For more information, please contact Mike Brockmeyer at 443-843-5123.

FEES: 4 & 5 year olds \$75
Under 8 and above \$90
Each additional family member
will be \$10 off

Registration fees will be raised after registration dates listed.
Register early as spaces are limited.

Registration Dates

■ Wednesday, May 11th

■ Wednesday, May 18th

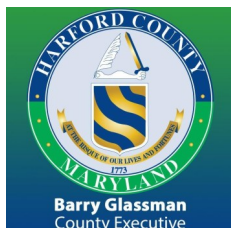
Times: 5:30-6:45 p.m.

Where: Church Creek
Elementary School
Recreation Office



Age Groups in ESSL (Eastern Southern Soccer League)

- 4 & 5 (non-competitive CLINIC stressing FUNdamentals)
- Youth Under 9 (FUNdamentals & fun matches with teams from recreation league)
- Girls Under 9 (FUNdamentals & fun matches with teams from recreation league)
- Youth Under 11 (FUN 9 v 9 games in the local league)
- Girls Under 11 (FUN 9 v 9 games in the local league)
- Youth Under 13 (playing on regulation soccer field in the local recreation league)
- Girls Under 13 (playing on regulation soccer field in the local recreation league)
- Youth Under 15 (playing on regulation soccer field in the local recreation league)
- Girls Under 15 (playing on regulation soccer field in the local recreation league)
- Age determination is August 1st



Harford County Department of Parks & Recreation
Belcamp Recreation Council
Churchville Recreation Center
111 Glenville Road
Churchville, MD 21028
410-638-3853

Visit our website at www.harfordcountymd.gov/225/Parks-Recreation

~~Registration form on reverse~~

Belcamp Recreation Council/Committee REGISTRATION FORM

Participant Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Age Group: _____

School: _____

Male or Female (please circle)

Uniform Size Needed: _____

Played Before: Yes or No (please circle)

In Case of Emergency, Please Notify:

Name: _____

Phone: _____

Any Physical Conditions or Allergies? _____

☐☐

Registration Fee: \$ _____

Ck# _____

Cash _____

*Please pay by check whenever possible
Make checks payable to Belcamp Recreation Council*

DISCLOSURE STATEMENT

I do hereby expressly agree that I will not hold the instructor, the Belcamp Rec. Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, its employees, volunteers, agents, officers and elected or appointed officials, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature: _____ **Date:** _____